2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000000843

1. Entity Name
ATHENS PAPER COMPANY, INC.

Principal Place of Business
1898 ELM TREE DR.
NASHVILLE, TN 37210

Mailing Address
1898 ELM TREE DR.
NASHVILLE, TN 37210

DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
62-0790238

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E PARK AVENUE
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE ____________________ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000121772
~~04/21/04-80002-013 150.00~~

10. OFFICERS AND DIRECTORS

TITLE	CTD
NAME	JENKINS JR, W D
STREET ADDRESS	1898 ELM TREET DRIVE
CITY-ST-ZIP	NASHVILLE, TN
TITLE	SD
NAME	CHAMBERLAIN, MILTON H
STREET ADDRESS	1898 ELM TREET DRIVE
CITY-ST-ZIP	NASHVILLE, TN
TITLE	P
NAME	KELLY, TERENCE
STREET ADDRESS	1898 ELM TREET DRIVE
CITY-ST-ZIP	NASHVILLE, TN
TITLE	AT
NAME	SCHRIMSHER, BRENDA
STREET ADDRESS	1898 ELM TREET DRIVE
CITY-ST-ZIP	NASHVILLE, TN
TITLE	T
NAME	SPARKS, HAROLD
STREET ADDRESS	1898 ELM TREE DRIVE
CITY-ST-ZIP	NASHVILLE, TN 37210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/15/04 (615)889-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #